EAST STROUDSBURG AREA SENIOR HIGH SCHOOL-NORTH
EDUCATIONAL TRIP FORM

Student Name	Dates of Trip
Grade	Number of School Days Missed
Number of Absences To-Date	Educational Trip Destination

The above named student will be absent from school on the dates indicated above. Please initial across from your respective subject to indicate your knowledge of the trip and that the student has been given the class work that will be taught while he/she is on the educational trip.

THIS FORM MUST BE RETURNED TO THE ATTENDANCE OFFICE TWO (2) DAYS PRIOR TO THE FIRST DAY OF THE TRIP.

SUBJECT AREAS	NAME OF TEACHER	TEACHER'S INITIALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____APPROVED

_____DISAPPROVED

_____
Signature of Administrator

educational trips